



Kansas Department of Health and Environment

Long Term Care Program

FACT SHEET

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PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.

The Long Term Care Program Fact Sheet is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning regulations and policies that affect long term care providers.

Top 10 Particularly Dangerous Drug Interactions in Long Term Care

The American Medical Directors Association (AMDA) published information on their website recently concerning drug to drug interactions. The information includes the following:

- A comprehensive list of generic and brand names of all the drugs involved.
- What happens when the drugs are given together.
- Why the interaction happens (mechanism of the interaction)
- How to avoid or prevent the interaction (e.g., alternative drugs to use)
- How to monitor the patient, or steps to take if the drugs need to be given together.

A group of experts convened by AMDA in collaboration with the American Society of Consultant Pharmacists conducted a survey among physicians and pharmacists to identify drug-drug interactions according to:

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1. the clinical significance and potential to cause harm;
2. the frequency with which the interaction occurs, and
3. the frequency with which these drugs are prescribed in nursing homes.

This information would be useful for nursing staff in nursing facilities, pharmacists, medical directors and attending physicians. The website address is <http://www.amda.com/m3/>

EXEMPLARY NURSING FACILITY AWARDS

The following nursing were recognized by Secretary Graeber and the Bureau of Health Facilities for exemplary care. In order to be considered for this award, a facility must be in compliance with licensure and certification requirements as determined by a resurvey. In addition, the facility developed and implemented a care management program which improved the quality of care and quality of life of residents living in the facility. The following facilities were recognized for this honor since July 1, 2001.

Bethel Home, Montezuma	Restorative program which improved resident mobility. Improved urinary continence of residents.
Friendship Manor, Pratt	Skin integrity program Creative methods to meet the nutritional and personal food preferences of residents.
Moran Manor, Moran	Creative and innovative activity/social programs. Developed a program which involved the community and residents in mutually beneficial activities.

A letter of recognition signed by Secretary Graeber was sent to each facility. A press release was also provided to news media in the area in which the facility was located. Congratulations to the above facilities for going beyond the minimum in providing care and services to their residents.

MINIMUM DATA SET (MDS) EDUCATION

Kay Jenista, RN, MSN has assumed the position of MDS/OASIS educator. A list of planned educational offerings is posted on the MDS Welcome Page under *Bulletins*. The Welcome page can be accessed in the same way staff connect to the MDS data base to transmit MDS assessments. Classes are offered in various sites over the state. A recent class was cancelled due to lack of enrollment. The next week, staff of several facilities called requesting training. None of the staff was aware that classes were posted on the MDS website. In addition to class schedules, the bulletin web page is used to up date nursing facilities of the latest information from the Centers for Medicare/Medicaid Services (CMS formally HCFA). It is very important that someone in each facility have the responsibility to review the bulletin section at least once a week. Kay is developing an educational program on performing the Resident Assessment Protocols and developing effective care plans. A class schedule will be posted later this fall.

Credentialing Update

Decreasing Number of KDHE, Long Term Care Administrator Candidates

Representatives of Kansas Adult Care Home Executives (KACE), coordinators, administrators and others met August 14, 2001 to discuss the decreasing number of long term care administrator candidates and the administrator-in-training (AIT) programs. Recommendations about “image,” recruitment, administrator preparation and retention will be presented at the next meeting of the Board of Adult Care Home Administrators.

The group’s members are: Dana Barton, administrator, Ellis Good Samaritan Center (chosen by KAHSA); Steve Berndsen, administrator, Aldersgate Village (chosen by KAHSA); Gayle Doll, graduate student, KSU; Brad Fischer, administrator, McCrite Plaza Retirement Community (chosen by KHCA); Gary Fowler, administrator, Presbyterian Manor (chosen by KACE); Denise German, administrator, Louisburg Care Center, Inc. (chosen by KABC); Linda Gray, director, ALFA-KAN; Vivien Reed, administrator, Hilltop Manor (chosen by KACE); Dawn Veh, administrator, Wesley Towers (chosen by KACE); Richard Ellis, coordinator, Washburn University; Bruce Irwin, coordinator, Cowley County Community College; Liz Kendall, coordinator, University of Missouri-Kansas City; Rick Scheidt, coordinator, Kansas State University; Linda Sullivan, coordinator, Kansas City Kansas Community College; and Martha Ryan, staff, Health Occupations Credentialing.

Certified Nurse Aide Skills Competency Checklist

HOC Advisory Group is performing a final review of the revised checklists for the Nurse Aide Training and Competency Evaluation Program (NATCEP) requirements. The recommended changes will simplify the first checklist to reflect minimal nursing tasks to allow for better management of the clinical experience. The nursing tasks must be successfully performed in a teaching lab setting before the student can participate in clinical practice experiences. A second optional task checklist will be disseminated which is more comprehensive. Once this optional task list has been field tested, it is likely to become a requirement. These steps were taken to better reflect the nature of the training. The advisory group, which is composed of representatives of the adult care and home health care industry and educators, emphasized that employers must take responsibility for developing competent employees. The aide training is a minimum training that prepares the aide to enter the work force and perform basic nursing tasks safely. A 90-hour course cannot provide competency in all areas of nursing care. Pending final reviews and edits, it is anticipated that these new checklists will be in available within a few weeks.

Addressing the Shortage of Health Care Workers

Health Occupations Credentialing (HOC) has notified nursing schools of the following two methods students in nursing education programs can challenge the state certification test to become a nurse aide. When the student substantially completes all content and clinical experience deemed as equivalent to the Nurse Aide Training and Competency Program, and, after the student has completed a course or courses which have been prior approved as substantially equivalent.

The difference in these two methods is that the nursing course does not have to be completed in order for equivalency in training to be conferred. This allows a student who has completed all the necessary nurse aide content to take the test and become certified. However, if the student elects to apply for equivalency at a later time, then HOC has a record of which classes contain equivalent content and clinical experience without the nursing department having to assess the content each time. The student can provide a transcript listing the courses passed, and KDHE compares this information to the courses on record as “equivalent.”

HOC is also encouraging high schools to offer the certified nurse aide course. Although high schools are not eligible for approval as sponsors of the course, HOC encourages them to partner with eligible sponsors such as community colleges and/or vocational technical schools.

Certification courses

With more than 500 aides scheduled to test in more than 20 locations each month, HOC makes and receives numerous phone calls. Many calls could be eliminated if instructors and coordinators record the complete address of each student on the course rosters for CNA, CMA and HHA training. Please type the names on the roster so that no one is left off or

name misspelled. These are the names that are used in issuing certificates. If the name is erroneously spelled on the roster, it will be wrong on the certificate. Getting it right the first time saves everyone time and energy. It also speeds up processing, which can make a difference in an aide's employability! The student application is just as important. All identification information is necessary, including date of birth, complete address, and social security number. The social security number is voluntary, but it is a critical identifier. It is not released but it is placed on the individual's record.

There is a new process for withdrawing a name from the roster. Instructors or coordinators **MUST** submit the information in writing to HOC. Information should include the course number, student's name and the reason the name should be removed from the roster. This can be submitted to KDHE via fax: 785-296-3075 or by mail: 1000 SW Jackson, Suite 330, Topeka, KS 66612-1365.

New test sites and test proctoring were instituted in July 2001. Each test site is affiliated with a community college, vocational-technical school or college. There are 28 sites (27 institutions) offering CNA and HHA tests. The test scheduling has not changed. Alternatives are being examined to further expedite the process. In the meantime, the department continues to be responsible for establishing the test rosters, with priority given to course rosters received first, without errors or missing information. Remember, students should **receive notice from the course instructor** confirming the location/date/time students are scheduled to test. **Do NOT assume that the student is scheduled for a location/date requested when the course roster is first submitted.** There are occasions when the test site becomes full and the next month is the next available test date at that location. Also, students should **arrive early and be prepared to show two forms of personal identification, one of which must be a picture ID.**

New policy on Updating Certification –The HOC Advisory Group supports the newly adopted policy affecting where CNAs can have nursing skills assessed to update the Kansas Nurse Aide Registry. The policy states that licensed registered nurses can assess an aide's ability to successfully perform the skills in a teaching setting (such as a nursing skills lab) or other health care setting (such as a hospital). This broadens the options for getting aides back into the work force when they have experienced a lapse of employment of 24 or more months and are not currently eligible for employment. These checklists (renamed Nursing Tasks on the new checklist) may be faxed to HOC as a notarized signature is no longer required.

Criminal RECORD Check (CRC) program

The name has changed, but the program remains the same. An interpretation from the Office of the Attorney General has advised the term "background" checks is inappropriate since, technically, what the department and KBI perform under KSA 65-5117 and 39-970 is a check of an individual's criminal history record. Therefore, you will now notice a change in terminology. This does not change any of the procedures.

As of August 9, 2001, the CRC program processed its 100,000th record request. The law requiring criminal record checks on applicants or employees in adult care homes or home health agencies, and prohibiting employment for certain convictions went into effect July 1, 1998. There have been nearly 500 persons prohibited from employment.

Please remember, criminal record information is confidential and may be shared with the individual for whom the check was made. A recent Attorney General's opinion directs that "[an] operator receiving such criminal history record information may release a copy of the information received from KDHE to another operator . . . without violating the confidentiality requirements." Be certain that you confirm the conviction is a prohibited crime before an employee is discharged based upon the statutes. Individual facilities may have policies which are more restrictive regarding termination.

Individual/corporate policies must be administered fairly and consistently to limit the possibility of a wrongful discharge. Feel free to access the HOC web page for a list of the prohibited offenses: www.kdhe.state.ks.us/hoc (select "Criminal Offenses Checked Under Kansas Law").

Resources for Quality Care

The following video and training program was purchased for the Kansas Health Public Education and Information Library by the Kansas Association of Homes and Services for the Aging. The audio-visual order form is an attachment to this issue of the *Fact Sheet*. Ask for Catalog No. DA6884.

- *Competence with Compassion: An Abuse Prevention Training Program for Long Term Care Staff.*

A video and training manual designed to assist long term care facilities and agencies in developing an abuse prevention program. The curriculum is designed to be dynamic and practical, engaging staff at all levels to approach abuse prevention with sensitivity and insight. The concepts are presented in a straightforward manner with an emphasis on group discussion and practice. Throughout the training participants are encouraged to share specific day-to-day examples of challenging caregiver situations. Trainees are given the opportunity to work together to generate possible interventions based upon information and skills acquired from each training module.

- *Nutrition-Hydration Care; A Guide for CNA's*

The video expands training on the CMS Watch, Report, Take Action pocket guides for CNA's. Produced by the Kansas Consultant Dietitians in Health Care Facilities and Kansas Long term care professionals. 23 minutes. Available from the KDHE library <http://www.kdhe.state.ks.us/library>. Ask for Catalog No. DA6893.

- *Diet and Exercise Dramatically Delay Type 2 Diabetes*

At least 10 million American at high risk for type 2 diabetes can sharply lower their chances of getting diabetes according to the findings of the National Institutes of Health (NIH). The findings came from the Diabetes Prevention Program (DPPP). Participants ranged from age 25 to 85. They received training in diet, exercise and behavior modification. Participants were able to achieve and maintain a weight loss of 7 percent with healthy eating and maintaining physical activity of at least 150 minutes a week of moderate exercise, such as walking or biking. Lifestyle intervention worked in all groups, but **it work particularly well in people aged 60 and older, reducing the development of diabetes by 71 percent.**

The prevalence of type 2 diabetes has tripled in the last 30 years. As many as 20 percent of people aged 60 and older currently develop diabetes. Diabetes is the main cause of kidney failure, limb amputations and new onset blindness, and a major cause of heart disease and stroke. More information may be found at http://www.niddk.nih.gov/welcome/releases/8_8_01.htm or at <http://www.niddk.nih.gov> and click on news Aug 8,2001.

Some dietary supplements have been associated with potentially serious health consequences for seniors. According to the Government Accounting Office (GAO) Americans spent nearly \$5.8 billion last year on herbal dietary supplements. Surveys have shown that nearly 40 percent of seniors used herbal and specialty supplements sometime during the past year. The Food and Drug Administration (FDA) has issued warnings about the health risks of several dietary supplement products.

GAO questioned whether adequate oversight of the production and marketing of supplements exists. According to GAO and other witnesses, the industry is largely unregulated and some dietary supplement products contain little or none of the purported active ingredients listed on the product label. FDA and the Federal Trade Commission (FTC) have identified a number of products that make advertising or labeling claims with insufficient substantiation, some costing consumers hundreds or thousands of dollars apiece. The report can be accessed at GAO's Web site at www.gao.gov. Health Products for Seniors: Potential Harm From "Anti-Aging" Products GAO-01-1139T, September 12.

The Kansas Department on Aging maintains a resource library. Facilities can access the KDOA Resource Library by calling 1-800-432-3535 or 785-296-4986. KDOA will mail the requested video to the facility. The facility is responsible for the return postage. A current list of videos available from the Resource Center is attached to this *Fact Sheet*.

ANE ISSUE STATISTICS 6/01/01 to 8/31/01
Hotline Calls Assigned for Investigation

ANE Investigations

Total 573

June 142

July 211

Aug 220

Care Issues Investigated

Total 368

June 125

July 138

Aug 105

*Licensure Category

	Correction Orders 2001 Quarters			
	1 st	2 nd	3 rd	4 th
Inappropriate or unauthorized use of restraint	0	2		
Inadequate care plans/assessments	0	3		
Inadequate supervision	2	2		
Inadequate or inappropriate hygiene and skin care	3	2		
Inadequate or unqualified staffing	2	5		
Unsafe medication administration or storage	4	3		
Inadequate or inappropriate dietary/nutritional services	3	1		
General sanitation and safety	1	2		
Inadequate accounting of funds	1	0		
Inadequate administration	3	2		
Other:				
ANE issues	2	3		
Inappropriate admissions	1	1		
Resident Functional Capacity Screen	3	3		
Negotiated Service Agreement	8	4		
Health Care Services	6	3		
Inadequate documentation of resident records	1	1		
Civil Penalties	7	1		
Correction Orders	19	8		
Bans on Admission	8	8		

*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.

FEDERAL REMEDIES -CATEGORIES 2 & 3 - 2001 Quarters

	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	11	6		
Denial of Payment for New Admissions Imposed	30	21		
Terminations	1	1		
NOTC	36	28		